

Appointment Protocol for a Social Security Disability Exam & Report

Name _____

Social Security# _____ Date of Birth _____

Address _____

City/State/Zip _____

Phones _____ E-mail _____

Years in Grade-High School _____ Highschool Degree: Yes No GED Years in College _____ College or Associate Degree: Yes No

Date Last Worked _____ Jobs/Occupations _____

Attorney _____

Diseases & Injured Body Parts That Make it Difficult to Work Year of onset, any surgery and body parts involved.
Examples: 2002 Arthritis shoulders, hands & knees, 2004 back surgery. 6/7/2010 car wreck neck & shoulders 2012 Diabetes.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

EXAM & REPORT FEE: \$500

Payment Method Check payable to Ellis Clinic, PC MasterCard Visa (No Am Express or Discover)
If there is a higher fee due to a large number of conditions or volume of records we will contact you.
Payment will be deposited only if your records are acceptable. Ellis Clinic will then call you for an appointment.
If your records are not acceptable you can try again.

Date: _____

Card# _____ Exp ____ / ____ Security Code# _____

Name on Card: _____

Card Address: _____

Physician's ethics do not allow contingency fees. There are no refunds if the Social Security Administration does not accept your claim.

Protocol for a Social Security Disability Exam & Medical Report

Order of Records

Send only copies. Records are destroyed and are not returned.

❖ Put this Protocol on top

- ❖ **Typed Summary List of Records** See example below
Your Summary List is very important. It is attached to your report.
No Summary List = No Appointment! You can try again.

❖ **Medical Records:**

Send only pertinent records, i.e. for an operation only the Operative Report is needed and not all the hospital records
Put a tab or sheet of colored paper between each medical records section.
Within each section put the most recent records on top.
Staple together the pages of each operation, test, physician record, etc

- 1. Operations & Hospitalizations:** Operation Procedure, Doctor's name & medical degree, date.
- 2. Tests:** MRI, X-Ray, EMG, Lab tests .
- 3. Physician Records:** Office Notes, letters.
- 4. Non Physician Records:** Physical Therapy, Functional Capacity Exams.

Example of Summary List of Records

John Q. Doe SSN 123-45-6789

Operations:

Left Shoulder Rotator Cuff Repair, Ima Cutter, MD, 7/7/2001
Right Knee Arthroscopic Medial Menisectomy, IMA Cutter, MD, 8/8/2002

Tests:

MRI Left Shoulder, 6/6/2001
EMG Nerve Conduction Study Upper Extremities, I.L. Needle, DO, 6/8/2001

Physician Records:

Marcus Welby, MD 12/2/2001 to 12/2/2001
ABC Ortho Group, IMA Cutter, MD. & Rita Snow, DO, 2/14/1996 to 7/8/2002

Non Physician Records:

Wellness Physical Therapy, 7/18/200 to 11/13/2001

Records Help *Professional Record Review*. PRR collates your records, types your Summary List and sends to Ellis Clinic.

PRR Fees: \$40 per inch of records plus S&H. *Professional Record Review*, 2002 Brenthaven Dr., Mt. Juliet, TN 37122.

Tel: (615) 618-7661 professionalreview@hotmail.com • www.professionalrecordreview.vpweb.com

Ellis Clinic receives no monies from *Professional Record Review*.